

provided below.

Tax, Fee and Penalty Due
Payment method (check one):

Check

Louisiana Department of Insurance

Tax Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone (225) 342-5825 Fax (225) 342-9708
http://www.ldi.state.la.us

Form 1061 2005 Annual Premium Tax Statement

Due March 1, 2006

			Duc Maron 1, 2000		
Company Name	•				
Address	F				
Box or Suite					
City, State Zip	•				
Contact Person	•	E-Mail Address 🕨			
Phone	•	Fax •	Domicile State >		
Federal ID	F	NAIC Number ►	LDI Number -		
	SEE	INSTRUCTIONS ON PAGE 6			
Item A: Fire, N	Marine, Transportation, Casualty	, Surety, Title and Miscellaneous Premium T	ax Calculation (L.R.S.22§1065)		
	Premiums. (from Schedule A, Line B)				
2. Gross Tax Ca	alculation. (from Tax Table 1065A-P&	C); Minimum Tax \$185.00			
3. Investment C	redit Allowed under L.R.S. 22§1068.	(Schedule D, Line 4) x Line 2]			
4. Investment C	redit under provisions of L.R.S. 22§10	68(E)			
5. Louisiana Ins	urance Guaranty Association Assessn	nent Credit. (from Schedule E, Line C)			
6. Net Tax: [Lin	e 2 - (Line 3 + Line 4 + Line 5)]; If less	s than zero, enter -0			
Item B: Life,	Accident and Health Premium Ta	ax Calculation (L.R.S. 22§1062)			
	Premiums. (from Schedule B, Line B)				
2. Gross Tax Ca	alculation. (from Tax Table 1062A-LA	&H); Minimum Tax: \$140.00			
3. Investment C	redit Allowed under L.R.S. 22§1068.	(Schedule D, Line 4) x Line 2]			
4. Investment C	redit under provisions of L.R.S. 22§10	68(E).			
	5. Louisiana Life and Health Insurance Guaranty Association Credit. (from Schedule F, Line A)				
6. Net Tax: [Lin	e 2 - (Line 3 + Line 4 + Line 5)]; If les	s than zero, enter -0			
	ax (L.R.S. 22§1077, 1583, and 10				
	niums Allocated to Fire Tax. (from Sch	edule A, Line A, Column 3)			
	2. Fire Marshal Tax. (from Schedule A, Line C)				
· ·	ent Tax. (from Schedule A, Line D)				
	Fireman Training Tax. (from Schedule A, Line E)				
	II: (Line 2 + Line 3 + Line 4)				
	atory Tax (L.R.S. 22§1079)				
1. Retaliatory Ta	ax [from (Schedule C, Line A)]				
	nary of Taxes Due or Overpayme	nt			
	m A + Item B + Item C + Item D)				
Military Discount Credit					
Total Quarter					
	from previous tax years				
_	Fee (\$100 or \$250 for HMOs)				
	ovided by L.R.S. 22§1072				
7. Tax, Fee and	Penalty Due or Overpayment: (Line 1	- Line 2 - Line 3 - Line 4 + Line 5 + Line 6)			
Attach a paymen	t for the above amount payable to the	Commissioner of Insurance, State of Louisiana, and	record the amount in the space		

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ACH Credit

Not Applicable

Schedule A: Itemization of Fire, Marine, Transportation, Casualty, Surety, and Miscellaneous Premiums (L.R.S. 22§1065)

Annual Premium Computation. The annual premium referred to in this part shall be the gross amount of direct premiums, excluding premiums on annuity contracts, for the preceding year, less return premiums without any deductions for dividends paid or otherwise credited to policyholders, and without consideration for reinsurance (L.R.S. 22§1066).

Premiums Written During 2005 - Total below must be equal to premium reported on the Annual Statement Schedule T and State Page for a Property and Casualty company.

		Col. 1	Col. 2	Col. 3
Property and Casualty	2005 A.S. Page / Line	Premium	Fire %	Fire Premiums (Col. 1 x Col. 2
1 Fire	20 / 1		100%	,
2 Allied Lines	20 / 2.1			
3 Multiple Peril Crop	20 / 2.2			
4 Federal Flood	20 / 2.3			
5 Farmowners Multiple Peril	20/3		45%	
6 Homeowners Multiple Peril	20 / 4		45%	
7 Commercial Multiple Peril (F&A)	20 / 5.1		45%	
8 Commercial Multiple Peril (Liability)	20 / 5.2		45%	
9 Mortgage Guaranty	20 / 6			
10 Ocean Marine	20/8			
11 Inland Marine	20/9			
12 Financial Guaranty	20 / 10			
13 Medical Malpractice	20 / 11			
14 Earthquake	20 / 12			
15 Workers' Compensation	20 / 16			
16 Other Liability	20 / 17			
17 Products Liability	20 / 18			
18 Private Passenger Auto No-Fault (Personal Injury Protection)	20 / 19.1			
19 Other Private Passenger Auto Liability	20 / 19.2			
20 Commercial Auto No-Fault (Personal Injury Protection)	20 / 19.3			
21 Other Commercial Auto Liability	20 / 19.4			
22 Private Passenger Auto Physical Damage (Including Vehicle Fire)	20 / 21.1		5%	
23 Commercial Auto Physical Damage (Including Vehicle Fire)	20 / 21.2		5%	
24 Aircraft (All Perils)	20 / 22			
25 Fidelity	20 / 23			
26 Surety	20 / 24			
27 Burglary and Theft	20 / 26			
28 Boiler and Machinery	20 / 27			
29 Credit	20 / 28			
30 Title	N/A			
31 Aggregate Write-Ins for Other Lines of Business	20 / 33			
32 Finance and Service Charges (Allocated to Fire and Casualty)	20 / (a)			
A. Total Gross Premiums	1 , , ,			

Premiums Exempted from State Tax - Cite statute, court decision or other legal basis allowing the exemption. An invalid reason will be taxed and may be penalized. In the space provided below, identify the line number listed above, the reason allowing the exemption, and the exempted premium amount.

Line	Line Reason for exempting premium:		
Total Ex	rempted Premium		
B. Net Taxable Premiums			
C. Fire Marshal Tax [.0125 x (Line A, Col. 3)] L.R.S. 22§1077			
D. Fire Department Tax [.0200 x (Line A, Col. 3)] L.R.S. 22§1583			
E. Firen	E. Firemen Training Tax [.0025 x (Line A, Col. 3)] L.R.S. 22§1080		

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Cal	and the Dr. Hamilton of Life. Assistant & Health Dramitime (L.D.C. 2005)	14000				
SCI	nedule B: Itemization of Life, Accident & Health Premiums (L.R.S. 22§ Annual Premium Computation. The annual premium referred to in this part s	,	f direct premi	ıma ayalııdına		
	premiums on annuity contracts, for the preceding year, less return premiums					
	credited to policyholders, and without consideration for reinsurance (L.R.S. 2		dividende pai	a or ourorwise		
Pren	niums Written During 2005 - Total below must be equal to premium reported o		hedule T and	State Page for Life		
	dent & Health insurers; Schedule T and State Page for Property and Casualty					
	niums for HMOs.	ŭ		•		
Acci	dent and Health / HMO	2005 A.S.	2005 A.S.	Premium		
		Page / Line	Page / Line			
	Group	20 / 13	25 / 24			
	Federal Employees Health Benefits Program	20 / 15.7	25 / 24.1			
	Credit (Group and Individual)	20 / 14	25 / 24.2			
	Collectively Renewable Policies	20 / 15.1	25 / 24.3			
	Individual Non-Cancelable	20 / 15.2	25 / 25.1			
	Individual Guaranteed Renewable	20 / 15.3	25 / 25.2			
	7 Individual Non-Renewable for Stated Reasons Only 20 / 15.4 25 / 25.3					
8	Individual Other (Accident Only)	25 / 25.4				
9	Individual All Other	20 / 15.6	25 / 25.5			
10	N/A					
Life	Insurance					
11	Ordinary	N/A	25 / 1 Col 1			
12	Credit Life (Group and Individual)	N/A	25 / 1 Col 2			
13	Group	N/A	25 / 1 Col 3			
14	Industrial	N/A	25 / 1 Col 4			
Serv	ice Insurance	•				
15 Applies to Domestic Service Insurers Only N/A N/A						
A. T	A. Total Gross Premiums					
Pre	miums Exempted from State Tax - Cite statute, court decision or other legal b	asis allowing the exemption	n. An invalid r	eason will be taxed		
and	I may be penalized. In the space provided below, identify the line number liste					
exe	mpted premium amount.					
Lir	Line Reason for exempting premium:					

NAIC NUMBER:

Total Exempted Premium

B. Net Taxable Premiums

COMPANY NAME:

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Schedule C: Schedule of Retaliatory Tax Calculation - Foreign Companies Must Complete	- (L.R.S. 22§1079)
Do not include Agents' Fees, which are calculated and billed separately by the Producer License D	Division.	
Part 1: Premium taxes and fees paid by your company in Louisiana	Premiums	Taxes and Fees
Premiums and Gross Tax for Life, Accident and Health.		
Premiums and Gross Tax for Fire, Marine, Transportation, Casualty, Surety, Title and Miscellaneous.		
Premiums and Tax subject to Fire Marshal Tax, Fire Department Tax and Fireman Training Tax.		
Premiums and Tax subject to Municipal Tax. Premium and Tax must agree with Municipal Tax Statement Form 1076.		
2005 Louisiana Insurance Fraud Assessment on 2004 business. Premium basis and assessment under Act 1312 of 1999. (L.R.S. 40§1428)		
2005 Louisiana Insurance Rating Commission assessment on 2004 business.		
2005 Louisiana HIPAA assessment on 2004 business. Premium basis and assessment under Act 1138 of 1997. (L.R.S. 22:250.20)		
Filing Fee for Annual Statement.		
Property Insurance Association of Louisiana membership fees.		
Total taxes and fees payable to the state of Louisiana before any credits		
Part 2: Premium taxes and fees which a Louisiana company would have paid in your state with identical Part 1 premium base	Premiums	Taxes and Fees
Premiums and Gross Tax for Life, Accident and Health. (Identify and include deductions if allowed under the Statutes of Domiciliary State of Reporting Company).		
Comment:		
Premiums and Gross Tax for Fire, Marine, Transportation, Casualty, Surety, Title and Miscellaneous.		
Comment:		
Premiums and Tax subject to Fire Marshal Tax, Fire Department Tax and Fireman Training Tax.		
Comment:		
Premiums and Tax subject to Municipal Tax.		
Comment:		
Filing Fee for Annual Statement and Certificate of Authority.		
Comment:		
Other Premiums and Taxes		
Comment:		
Other Fees		
Comment:		
Total taxes and fees due from a Louisiana company in your state before any credits		
A. Retaliatory Tax Due. (Part 2 - Part 1); if less than zero, enter -0		

NAIC NUMBER:

COMPANY NAME:

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Schedule D: S	chedule of Investment Tax Credit (L.R.S. 22§1068)		
	31068 provides that any admitted insurer investing in qualifying Louisiana securities listed in that section man on taxes as listed in Table 1 below.	ay take a reduction	
Classification		Amount	
1068C (a)	CDs		
1068C (b)	Bonds		
1068C (c)	Mortgages		
1068C (d)	Real Property		
1068C (e)	Policy Loans		
1068C (f)	Stocks		
1068C (g)	Cash		
Total Admitted Assets Invested in Qualifying Louisiana Securities.			
2. Total Admitted Assets as of December 31, 2005.			
3. Louisiana to Total Assets Ratio (Line 1 ÷ Line 2) (round to 4 decimal places).			
4. Tax Reduction	4. Tax Reduction Percentage taken from Table 1, Row B (below).		

.1666 - .1999

66.67%

.2000 - .2499

75.00%

.2500 - .3332

85.00%

.3333 - 1.0000

95.00%

NAIC NUMBER: | COMPANY NAME:

Row A Louisiana to Total Assets Ratio

Row B Tax Reduction Percentage Allowed

Table 1

Schedule E: Louisiana Insurance Guaranty Association Credit Schedule (Title 22 Part XXIX-A)				
Assessment Year	Assessment Number	Assessment Amount	Percentage	Amount of Credit
1996			10%	
1997			10%	
1998			10%	
1999			10%	
2000			10%	
2001			10%	
2002			10%	
2003			10%	
2004			10%	
2005			10%	
Credits transferred to or from affiliates per L.R.S. 22:1382 (Prior Commissioner Approval Required)				
A. Total Credits				
B. Amount offset aginst L.I.R.C assessment ¹ .				
C. Total LIGA Credit Available (Line A - Line B)				
¹ Complete Line B if your company qualified for an Investment Tax Credit per Schedule D and took an offset against the Louisiana Insurance Rating Commission (L.I.R.C.) Assessment per L.R.S. 22§1382(3).				

Schedule F: Louisiana Life and Health Insurance Guaranty Association Credit Schedule (Title 22 Part XXIX-B)				
Assessment Year	Assessment Amount (Class B Only)	Percentage	Amount of Credit	
2000		20%		
2001		20%		
2002		20%		
2003		20%		
2004				
A. Total LLHIGA Credit Available				

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NAIC NUMBER:	: COMPANY NAME:		
		Af	fidavit
State of		Parish or County or	
I,		, Officer of	, being first
			atement filed herewith is true and correct to the best of my knowledge,
information and b	elief.		
Sworn to and sub	scribed this		
day of		,	
			Company Officer
	Notary Pu	blic	Title
			nstructions
Who Must File T	his Form?	All insurance companies require this form and pay the appropria	ed to pay a license tax by the Louisiana Insurance Code - Title 22 must file te taxes.
Due Date:		March 1, 2006	
		per month shall be added to the evidence to his satisfaction is sunavoidable reason, other than (25%) of the total amount of tassessed if either of the following	
		a. The U.S. Postal Service Postmark on the payment is after the due date; or,b. The date the payment is received by the Louisiana Department of Insurance is more than one	
		day after the due date, if s	ent through any carrier other than the U.S. Postal Service.
Filing Address:		include tax statements with you	<u>-</u>
Required Attachments:		T and State Page 20. Life, Ac Annual Statement Schedule T attach a copy of the 2005 Annu Exhibit, Part 1 Premiums. Bo required to attach Form 1076.	ies are required to attach a copy of the 2005 Annual Statement Schedule cident and Health companies are required to attach a copy of the 2005 and State Page 25. Health Maintenance Organizations are required to all Statement Schedule T and State Page 8, Underwriting and Investment of Property and Casualty and Life, Accident and Health insurers are HMOs are exempt from filing Form 1076.
Payment Methods		All payments must include the NAIC number and full name of the company. Payments may be made be check, bank wire, or ACH credit. Checks must be made payable to Commissioner of Insurance, State of Louisiana. Bank Wire payments may be sent to the Louisiana Department of Insurance - Revenu account # 7900406317 at JPMorgan Chase Bank, National Association, ABA # 065400137. See special instructions for the ACH credit method, Form LDOI-OMF-TD-EFT-Instructions for addenda reconfrequirements. Payments through an electronic funds transfer must be posted to the Department of Insurance's account by Wednesday, March 01, 2006, to avoid any penalties. Do not consolidate tall payments into a single group payment for companies within a group.	
Payment Notice The Louisiana Department of Insurance may convert your payments by check to an electron Clearinghouse (ACH) debit transaction. This means that your account may be debited the date is received by the Louisiana Department of Insurance. Although the debit transaction will appear bank statement, your check will not be returned to your bank. If the electronic fund transformers processed for technical reasons, you authorize us to process the copy of your check.		saction. This means that your account may be debited the day your check partment of Insurance. Although the debit transaction will appear on your li not be returned to your bank. If the electronic fund transfer cannot be s, you authorize us to process the copy of your check.	
How to contact us: You may call us at (225) 342-5825 or fax your request to (225) 342-9708. Also, visit of http://www.ldi.state.la.us.			
			A and Item B tax on Page 1. If you are a Property and Casualty company Authority to write Accident and Health, the Item B minimum tax of \$140 is ms (see Table 1062A-LA&H).

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Affidavit:

Form 1061 must be signed by an officer of the company and notarized.